

Nursing Evaluation Tool:

Dental Complaint

Facility: <u>LYCC</u>			
Inmate Name: <u>Burke</u>	<u>Conrad</u>		
Inmate Number: <u>1201550</u>	First	MI	LI
Date of Report: <u>5</u> / <u>21</u> / <u>2018</u>	Time Seen: <u>1731</u> AM / PM Circle One		

Complaint: Chief Complaint(s): Filling fell outOnset: 4-20-18History: Here today because he has a back bottom filling that has fell out and he has been having pain. Stated he has used oral gel and that did not help
(Continue on back if necessary)Is the problem: ☐ New ☐ Chronic Problem related to: ☐ Recent trauma ☒ Recent dental work ☐ Other: ☐ Check Here if additional notes on backInjury sustained in altercation with custody staff, or other inmate: ☒ NO ☐ YES (Requires notification of correctional staff)Dental Pain: Right: ☐ Upper Back ☐ Upper Front ☐ Lower Back Left: ☐ Upper Back ☐ Upper Front ☒ Lower Back
☐ Lower FrontType of Pain: ☒ Aching ☐ Throbbing ☐ Dull ☒ Sharp ☐ Constant ☐ IntermittentSensitive to Hot or Cold: ☐ No ☐ Hot ☒ Cold ☐ Sensitive to both Hot & Cold

Pain Scale: (1-10) _____

Associated Symptoms: ☐ Sinus problems ☐ Difficulty chewing ☐ Earache ☒ Sore throat ☐ Other: _____Observation: Vital Signs: T: 97 P: 103 RR: 18 B/P: 135 / 82 wt 167.5 lbsVisual evidence of tooth decay/fracture ☒ No ☐ YesVisible external swelling ☒ No ☐ YesVisual evidence of missing filling ☐ No ☒ YesSwelling/redness/pus surrounding affected tooth: ☐ No ☒ YesPain upon opening jaw widely ☐ No ☒ YesEvidence of trauma/injury to jaw/face ☒ No ☐ YesAdditional Examination: Lower left side, bottom back tooth missing filling. There is minimal swelling. Offered tylenol and motrin but refused due to liver condition
(Continue on back if necessary)

Intervention: (Referral Status)

☐ Referral Not Required☐ Referral Required due to the following: (Check all that apply)☐ Fever☐ Evidence of pus collection or swelling☐ Earache/sore throat/sinus problems☐ Recent dental surgery/procedure☐ Pain upon opening mouth widely☐ Significant injury/trauma to jaw☐ Recurrent Complaint (More than 2 visits)☐ Other: _____

(Describe)

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Check All That Apply:

☒ For tooth pain; instruct patient to avoid hot/cold food; to chew on the opposite side of the tooth pain and to do salt water gargles PRN☒ Warm rinses PRN (Note: **DO NOT** apply warm compress to outside of face for dental abscess)☐ Cold Compress PRN for minor trauma☒ Instructions to return if condition worsens.☒ Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. ☒ YES ☐ NO (If NO then schedule patient for appropriate follow-up visits)☒ Other: Return to MSC PRN

(Describe)

☐ OTC Medications given ☐ NO ☐ YES (If Yes List): _____Referral: ☐ NO ☒ YES (If Yes, Whom/Where): Dental Department

MD: _____

Referral Type: ☐ Routine ☐ Urgent ☐ Emergent (if emergent who was contacted?): _____ Time _____

S. WALKER, LPN

L^x S. Walker
Nurses Signature
Chart to BMO for review



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